

# Office of the Coroner Report of Death



## Background Information

Case Number: \_\_\_\_\_ Autopsy Number: \_\_\_\_\_  
County Jurisdiction: \_\_\_\_\_ County Coroner: \_\_\_\_\_  
Victim's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address: \_\_\_\_\_

## Death Information

Time Notified: \_\_\_\_\_ Time Arrived: \_\_\_\_\_ Time Departed: \_\_\_\_\_  
Officers Present: \_\_\_\_\_ Agency: \_\_\_\_\_  
Agency Case Number: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Death Location: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Pronounced By: \_\_\_\_\_ Time Pronounced: \_\_\_\_\_ Date Pronounced: \_\_\_\_\_  
Recent Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Autopsy Performed: \_\_\_\_\_ (yes or no)  
Body Removed To: \_\_\_\_\_ Mortuary Name: \_\_\_\_\_

## Identification Information

Information By: \_\_\_\_\_ Informant Address: \_\_\_\_\_  
Identified By: \_\_\_\_\_ Identification Method: \_\_\_\_\_  
Next-of-Kin Name: \_\_\_\_\_ Next-of-Kin Address: \_\_\_\_\_  
Next-of-Kin Phone Number: \_\_\_\_\_ Autopsy By: \_\_\_\_\_

**Narrative** (Description of circumstances of death, medical history, if available, and statements of witnesses).

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**Investigator Notes**

Disposition of the Body: \_\_\_\_\_

Toxicological Requests: \_\_\_\_\_ Lab: \_\_\_\_\_

**Diagnosis**

Provisional Diagnosis: \_\_\_\_\_

Final Diagnosis: \_\_\_\_\_

Manner of Death: \_\_\_\_\_

**Report By**

\_\_\_\_\_  
Investigator                      Date

\_\_\_\_\_  
Coroner                          Date